



2403 Ulu Maika St.  
Lihue, HI 96766  
Tel. 808-245-9450

## RENTAL APPLICATION

For Property Located at: \_\_\_\_\_

Property Manager: \_\_\_\_\_

**NOTICE TO APPLICANT:** This application will be submitted to TenantCheck for verification. Please furnish all information requested and sign at the bottom of the page. Screening services provide by UniCheck.

APPLICANT(S) INFO								
Applicant's Last Name:	First Name:	Initial:	Social Security:	Telephone:	Email Address:			
Co-Applicant's Last Name:	First Name:	Initial:	Social Security:	Telephone:	Email Address:			
Number of proposed occupants, including applicants:		Names of other occupants:						
<input type="checkbox"/> Pets <input type="checkbox"/> Yes <input type="checkbox"/> No	If you have pets, list kind & number:	<input type="checkbox"/> Do you smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you or any household member subject to a lifetime registration as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names:					
Have you or any household member been arrested or convicted of any crime, violent criminal or drug related activity? If yes, list name, & offenses: <input type="checkbox"/> Yes <input type="checkbox"/> No								
HOUSING DATA								
Current Address:		From:	Landlord's name:	Telephone	Rent Amount \$			
Reason for moving:								
Previous Address:		From – To:	Landlord's name:	Telephone	Rent Amount \$			
Reason for moving:								
INCOME & EMPLOYMENT DATA								
Current Employer:		Position:	How Long:	Salary: \$	Supervisor:	Telephone:		
Previous Employer:		Position:	How Long:	Salary: \$	Supervisor:	Telephone:		
Spouse/Co-Applicant's Current Employer:		Position:	How Long:	Salary: \$	Supervisor:	Telephone:		
Spouse/Co-Applicant's Previous Employer:		Position:	How Long:	Salary: \$	Supervisor:	Telephone:		
Other income source & amount:		Housing assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No		Housing Agent name:		DSS assistance: <input type="checkbox"/> Yes <input type="checkbox"/> No		DSS amount: \$
BANK & CREDIT/LOAN DATA								
Bank Name:		Branch		Savings Account No:		Checking Account No:		
Firm Name:		Branch:	Account No:	Amount: \$	Mo. Payment: \$	Loan Type:		
Firm Name:		Branch:	Account No:	Amount: \$	Mo. Payment: \$	Loan Type:		
PERSONAL REFERENCES								
Personal Reference (Hawaii Resident):		Telephone:		Personal Reference (Hawaii Resident):		Telephone:		
Name of nearest living relative:		Relationship:		Address:		Telephone:		
In case of emergency, notify:		Relationship:		Address:		Telephone:		
<p>I authorize Kauai Realty, Inc. to obtain and verify information about the income, assets, personal data &amp; conduct of all persons listed on my application. Sources of such information may include but are not limited to employers, social workers, welfare workers, landlords, resident/housing managers, parole officers, court and criminal records, drug treatment centers, clinics, physicians or police departments.</p> <p>I hereby authorize consumer reporting agencies to provide you with consumer reports relating to me. I hereby give my permission for Kauai Realty, Inc. and TenantCheck to verify the above information. I understand that if any of the information provided is later found to be fraudulent, the Landlord has the right to terminate my lease agreement immediately.</p> <p>I have read the above form and I understand that if I cause a financial loss to the Landlord that my name may be placed in the files of both TenantCheck and UniCheck and such information will be furnished to subscribers who have a bona fide and legal need to make an inquiry. I also understand that causing a financial loss may limit by ability to obtain credit or to lease other dwelling units.</p>								
Signature of Applicant:		Date:		Signature of Co-Applicant:		Date:		

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